

PRIVACY RELEASE FORM

I hereby authorize Congressman Steve Israel to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

(Department or Agency)

Congressman Israel is also authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

NAME: _____ Date of Birth ____/____/____

Current Mailing Address: **(NO PO BOXES)** _____

E-mail _____

Telephone Numbers: (Home) _____ (Work/Cell) _____

List any or all identifying numbers that might apply to your situation:

Social Security Number: _____ VA Claim: _____

Immigration "A" Number: _____ Case Number: _____

Date Filed: _____ Other: _____

Briefly state the nature of your problem (be specific): _____

Briefly state the outcome you are seeking: _____

(If you need more space, please use another sheet of paper)

I hereby declare that I am currently a resident of the Second Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and no further action will be taken on behalf by Congressman Steve Israel and /or his staff.

Signature: _____ **Date:** ____/____/____

District Representative _____

Please return this form along with all pertinent documentation to:

Fax: (631) 951-3308

Please call with any questions (631) 951-2210

**Congressman Steve Israel
150 Motor Parkway
Suite 108
Hauppauge, NY 11788**